



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Monis		John	R.	(808)845-6221
MAILING ADDRESS (Street)				FAX
1432 Middle Street				(808)847-8048
(City)		(State)	(Zip Code)	
Honolulu		HI	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
Hawaii Operating Engineers Industry Stabilization Fund				(808)845-6221
MAILING ADDRESS (Street)				FAX
1432 Middle Street				(808)847-8048
(City)		(State)	(Zip Code)	
Honolulu		HI	96819	

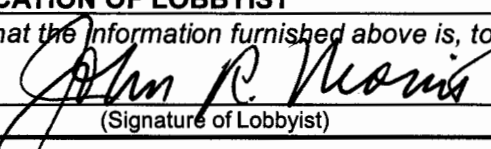
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Operating Engineers Industry Stabilization Fund			(808)845-6221
MAILING ADDRESS (Street)			FAX
1432 Middle Street			(808)847-8048
(City)		(State)	(Zip Code)
Honolulu		HI	96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
John Sweeney			(510)337-3300
MAILING ADDRESS (Street)			FAX
1640 South Loop Road			(510)337-3373
(City)		(State)	(Zip Code)
Alameda		CA	94502

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

2-14-2005
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Adrian Keohokalole

H.O.E.I.S.F. Administrator

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Operating Engineers Industry Stabilization Fund

(808) 845-6221

MAILING ADDRESS (Street)

FAX

1432 Middle Street

(808) 847-8048

(City)

(State)

(Zip Code)

Honolulu

HI

96819

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

RUSS O'BRIEN

2.10.2005
(Date)